

<i>SERFF Tracking Number:</i>	<i>AGNY-125694218</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-AV-04</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
<i>Product Name:</i>	<i>Light Aviation Division (LAD) Program 0347-0625-0032</i>		
<i>Project Name/Number:</i>	<i>Light Aviation Division (LAD) Program/AIC-08-AV-04</i>		

## Filing at a Glance

Companies: American Home Assurance Company, American International South Insurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania

Product Name: Light Aviation Division (LAD)    SERFF Tr Num: AGNY-125694218    State: Arkansas  
 Program 0347-0625-0032

TOI: 22.0 Aircraft	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 22.0000 Aircraft	Co Tr Num: AIC-08-AV-04	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Monique Myers	Disposition Date: 06/26/2008
	Date Submitted: 06/25/2008	Disposition Status: Approved
Effective Date Requested (New): 07/28/2008		Effective Date (New): 07/28/2008
Effective Date Requested (Renewal): 07/28/2008		Effective Date (Renewal): 07/28/2008

State Filing Description:

## General Information

Project Name: Light Aviation Division (LAD) Program	Status of Filing in Domicile: Pending
Project Number: AIC-08-AV-04	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 06/26/2008	
State Status Changed: 06/26/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

The referenced companies submits for your review and approval the captioned endorsement for use with their Light Aviation Division Program (AIC-05-AV-04) This endorsement replaces the Aviation Accidental Death and Dismemberment Insurance Endorsement LAD 864 (1/05), presently on file wiht your Department.

SERFF Tracking Number:	AGNY-125694218	State:	Arkansas
First Filing Company:	American Home Assurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	AIC-08-AV-04		
TOI:	22.0 Aircraft	Sub-TOI:	22.0000 Aircraft
Product Name:	Light Aviation Division (LAD) Program 0347-0625-0032		
Project Name/Number:	Light Aviation Division (LAD) Program/AIC-08-AV-04		

## Company and Contact

### Filing Contact Information

Monique Myers, Filings Analyst	Monique.Myers@AIG.com
175 Water Street	(212) 458-6346 [Phone]
New York, NY 10038	(212) 458-7077[FAX]

### Filing Company Information

American Home Assurance Company	CoCode: 19380	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-5124990	
	-----	
American International South Insurance Company	CoCode: 40258	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-6008643	
	-----	
Commerce and Industry Insurance Company	CoCode: 19410	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-1938623	
	-----	
Granite State Insurance Company	CoCode: 23809	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0140690	
	-----	
National Union Fire Insurance Company of Pittsburgh, Pa.	CoCode: 19445	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 25-0687550	
	-----	
New Hampshire Insurance Company	CoCode: 23841	State of Domicile: Pennsylvania

SERFF Tracking Number: AGNY-125694218 State: Arkansas  
First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AIC-08-AV-04  
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft  
Product Name: Light Aviation Division (LAD) Program 0347-0625-0032  
Project Name/Number: Light Aviation Division (LAD) Program/AIC-08-AV-04

70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0172170	
	-----	
The Insurance Company of the State of Pennsylvania	CoCode: 19429	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-5540698	
	-----	

SERFF Tracking Number: AGNY-125694218 State: Arkansas

First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-AV-04

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Light Aviation Division (LAD) Program 0347-0625-0032

Project Name/Number: Light Aviation Division (LAD) Program/AIC-08-AV-04

## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: \$50.00 per Form Filing

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Home Assurance Company	\$50.00	06/25/2008	21085740
American International South Insurance Company	\$0.00	06/25/2008	
Commerce and Industry Insurance Company	\$0.00	06/25/2008	
Granite State Insurance Company	\$0.00	06/25/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	06/25/2008	
New Hampshire Insurance Company	\$0.00	06/25/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	06/25/2008	

SERFF Tracking Number:	AGNY-125694218	State:	Arkansas
First Filing Company:	American Home Assurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	AIC-08-AV-04		
TOI:	22.0 Aircraft	Sub-TOI:	22.0000 Aircraft
Product Name:	Light Aviation Division (LAD) Program 0347-0625-0032		
Project Name/Number:	Light Aviation Division (LAD) Program/AIC-08-AV-04		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/26/2008	06/26/2008

SERFF Tracking Number:	AGNY-125694218	State:	Arkansas
First Filing Company:	American Home Assurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	AIC-08-AV-04		
TOI:	22.0 Aircraft	Sub-TOI:	22.0000 Aircraft
Product Name:	Light Aviation Division (LAD) Program 0347-0625-0032		
Project Name/Number:	Light Aviation Division (LAD) Program/AIC-08-AV-04		

## Disposition

Disposition Date: 06/26/2008  
Effective Date (New): 07/28/2008  
Effective Date (Renewal): 07/28/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>AGNY-125694218</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-AV-04</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
<i>Product Name:</i>	<i>Light Aviation Division (LAD) Program 0347-0625-0032</i>		
<i>Project Name/Number:</i>	<i>Light Aviation Division (LAD) Program/AIC-08-AV-04</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Aviation Accident Insurance Endorsement	Approved	Yes

SERFF Tracking Number: AGNY-125694218 State: Arkansas

First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-AV-04

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Light Aviation Division (LAD) Program 0347-0625-0032

Project Name/Number: Light Aviation Division (LAD) Program/AIC-08-AV-04

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Aviation Accident Insurance Endorsement	LAD1065	04/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 LAD864 (1/05) Previous Filing #: AIC-05-AV-04		LAD1065 (4-08)2.pdf



## AVIATION ACCIDENT INSURANCE ENDORSEMENT

THIS ENDORSEMENT PROVIDES ACCIDENT ONLY COVERAGE.  
IT DOES NOT COVER SICKNESS OR DISEASE.

Words and phrases that appear in bold face print in this endorsement have special meaning within this endorsement. Refer to the Definitions Section D within this endorsement.

[In consideration of an additional premium of \$ \_\_\_\_\_, this policy is amended as follows:]

- I. ACCIDENT INSURANCE DECLARATIONS - The following declarations are added to the policy and apply only with respect to the coverage provided by this endorsement:

**Classification of Eligible Persons:**

- ☐ **Class 1:** The following Named Pilot of the **Aircraft** \_\_\_\_\_  
☐ **Class 2:** [All **Crew Members** not otherwise covered in Class 1 and **Passengers** of the **Aircraft**]

**Covered Activity(ies):** While the **Covered Person** is:

- (1) handling and operating the **Aircraft** as a **Crew Member**;
- (2) flying in, boarding or alighting from the **Aircraft**;
- (3) directly injured by a moving **Aircraft** or its propeller on an airport premise;
- (4) awaiting rescue following a forced landing of the **Aircraft**, but only if the **Injury** is a direct result of the forced landing.

**Principal Sum Amount (per Covered Person):** \$ \_\_\_\_\_

**AD&D Insurance Aggregate Limit:** \$ \_\_\_\_\_ per accident

**[Emergency Evacuation Maximum (per Covered Person):** \$ \_\_\_\_\_ ]

**[Repatriation of Remains Maximum (per Covered Person):** \$ \_\_\_\_\_ ]

- II. ACCIDENT INSURANCE - The following Accident Insurance Coverage is added to the Policy. The provisions hereunder apply only with respect to the Accident Insurance provided by this endorsement.

A. ACCIDENT INSURANCE INSURING AGREEMENT

The Company will pay a benefit to the **Covered Person** (or, in the event of death, to the **Covered Person's** beneficiary) if that **Covered Person** suffers a loss covered under this endorsement arising from an **Injury** that results from an accident that occurs during the **Policy Period**, within the **Policy Territory**, and during a **Covered Activity**. The **Principal Sum Amount** and the **Covered Activity(ies)** applicable to each **Covered Person** are set out in the **Schedule**.

**Accidental Death & Dismemberment and Paralysis Benefit.** If **Injury** to a **Covered Person** results, within 365 days of the date of the accident that caused the **Injury**, in that **Covered Person** suffering any one of the losses or any type of paralysis specified below, the benefit the Company will pay will be based upon the indicated percentage of the **Principal Sum Amount** shown below for that loss or paralysis:

<u>For Loss of:</u>	<u>percentage of Principal Sum Amount payable</u>
Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye.....	100%
One Foot and the Sight of One Eye.....	100%
Speech and Hearing in Both Ears.....	100%
One Hand or One Foot.....	50%
Sight of One Eye.....	50%
Speech or Hearing in Both Ears.....	50%
Hearing in One Ear.....	25%
Thumb and Index Finger of Same Hand.....	25%
<b>Quadriplegia</b> .....	100%
<b>Paraplegia</b> .....	50%
<b>Hemiplegia</b> .....	25%

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight of an eye means total and irrecoverable loss of the entire sight in that eye. Loss of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. Loss of speech means total and irrecoverable loss of the entire ability to speak. Loss of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one loss or paralysis is sustained by a **Covered Person** as a result of the same accident, only one amount, the largest, will be paid.

- **[Emergency Evacuation Benefit.** The Company will pay for **Covered Emergency Evacuation Expenses** reasonably incurred if, during the **Policy Period**, within the **Policy Territory**, and during a **Covered Activity**, the **Covered Person** suffers an **Injury** or **Emergency Sickness** that warrants his or her **Emergency Evacuation**, up to the **Emergency Evacuation Maximum** for all **Emergency Evacuations** due to all Injuries from the same accident or all **Emergency Sicknesses** from the same or related causes. The **Emergency Evacuation Maximum** and the **Covered Activity(ies)** applicable to each **Covered Person** are set out in the **Schedule**.

The **Physician** ordering the **Emergency Evacuation** must certify that the severity of the **Covered Person's Injury** or **Emergency Sickness** warrants his or her **Emergency Evacuation**. All **Transportation** arrangements made for the **Emergency Evacuation** must be by the most direct and economical conveyance and route possible.

[AIG Assist] must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact [AIG Assist] in advance.]

- **[Repatriation of Remains Benefit.** If, during the **Policy Period**, within the **Policy Territory**, and during a **Covered Activity**, a **Covered Person** suffers loss of life due to **Injury** or **Emergency Sickness**, the Company will pay for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence, up to the **Repatriation of Remains Maximum**. The **Repatriation of Remains Maximum** and the **Covered Activity(ies)** applicable to each **Covered Person** are set out in the **Schedule**.

Covered expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

[AIG Assist] must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact [AIG Assist] in advance].

#### B. ACCIDENT INSURANCE EXCLUSIONS

No coverage shall be provided under this endorsement and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily injury:

- suicide or any attempt at suicide or intentionally self-inflicted **Injury** or any attempt at intentionally self-inflicted **Injury**.
- sickness or disease, or mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these [(not applicable to **[Emergency Evacuation Benefit and Repatriation of Remains Benefit]**)].
- the **Covered Person's** commission of or attempt to commit a crime.
- declared or undeclared war, or any act of declared or undeclared war regardless of whether the policy to which this endorsement is attached provides such coverage.
- infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes [(not applicable to **[Emergency Evacuation Benefit and Repatriation of Remains Benefits]**)].
- full-time active duty in any armed forces or reserve component thereof or while an active member of any National Guard or organized reserve corps of any country or international authority. If the **Named Insured** is one individual, or one individual and spouse, unearned premium for any period for which the **Named Insured** is not covered due to his or her active duty status will be refunded at the request of the **Named Insured**.
- the **Covered Person** being under the influence of intoxicants.
- the **Covered Person** being under the influence of drugs unless taken under the advice of and as specified by a **Physician**.
- the medical and surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment [(not applicable to **[Emergency Evacuation Benefit and Repatriation of Remains Benefit]**)].
- stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm [(not applicable to **[Emergency Evacuation Benefit and Repatriation of Remains Benefit]**)].

- flying in any **Aircraft** being used for or in connection with acrobatic or stunt flying, racing or endurance tests.
- flying in any rocket-propelled **Aircraft**.
- flying in any **Aircraft** being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting, bird or fowl herding, aerial photography, banner towing or any test or experimental purpose, unless previously consented to in writing by the Company.
- flying any **Aircraft** which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted, unless previously consented to in writing by the Company.
- the **Covered Person** flying in any **Aircraft** while being used as part of a speed contest or closed course race.
- the **Covered Person** is flying in an **Aircraft** for the purpose of aircraft certification or determination of airworthiness.
- if the loss occurs as a result of any parachuting activity or attempt thereto, including training and practicing for parachuting activities, except in the case of a required emergency evacuation of the **Aircraft** following an in-flight emergency.
- if the loss occurs in other than the **Policy Territory**.
- if the loss occurs as a result of any use of the **Aircraft** other than as shown on the Aircraft Policy Declarations Page or Coverage Summary Page.
- if the loss occurs in a kit-plane or custom built aircraft unless the Mandatory Flight Test and Proving Period required for the **Aircraft** has been successfully completed.

#### C. ACCIDENT INSURANCE LIMITATIONS

**AD&D Insurance Aggregate Limit** - The maximum amount payable under the Accidental Death & Dismemberment and Paralysis Benefit may be reduced if more than one **Covered Person** suffers a loss or paralysis as a result of the same accident. The maximum amount payable for all such losses and types of paralysis for all **Covered Persons** will not exceed the amount shown as the AD&D Insurance Aggregate Limit in the **Schedule**. If the combined maximum amount otherwise payable for all **Covered Persons** must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each **Covered Person** for all such losses and types of paralysis. The AD&D Insurance Aggregate Limit is in addition to any limit of insurance found in the policy.

#### D. ACCIDENT INSURANCE DEFINITIONS

**Aircraft** - means for this endorsement the word as defined within the Aircraft Insurance Policy to which this endorsement is attached.

**Covered Activity(ies)** - means those activities stated as **Covered Activity(ies)** in the **Schedule** with respect to which **Covered Persons** are provided coverage under this endorsement.

**[Covered Emergency Evacuation Expense(s)** - means an expense that: (1) is charged for a **Medically Necessary Emergency Evacuation Service**; (2) does not exceed the usual level of charges for similar **Transportation**, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.]

**Covered Person** - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the **Schedule**; (2) for whom premium has been paid; and (3) while such person's coverage under this endorsement is in force.

**Crew Member** - means the pilot-in-command, co-pilot, flight engineer, flight attendant or anyone else who is in, on, or boarding the **Aircraft** for assisting in the operation of the **Aircraft**.

**[Emergency Evacuation** - means, if warranted by the severity of the **Covered Person's Injury or Emergency Sickness**: (1) the **Covered Person's** immediate **Transportation** from the place where he or she suffers an **Injury or Emergency Sickness** to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; (2) the **Covered Person's Transportation** to his or her current place of primary residence to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an **Injury or Emergency Sickness** and being treated at a local hospital or other medical facility; or (3) both (1) and (2) above. An **Emergency Evacuation** also includes medical treatment, medical services and medical supplies necessarily received in connection with such **Transportation**.]

**[Emergency Sickness** - means an illness or disease, diagnosed by a **Physician**, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the **Covered Person's** condition or place their life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom.]

**Hemiplegia** - means the complete and irreversible paralysis of the upper and lower **Limbs** of the same side of the body.

**Immediate Family Member** - means a person who is related to the **Covered Person** in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**Injury** - means an injury to the body: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's accident coverage is in force; (2) which occurs under the circumstances described in a **Covered Activity** applicable to that person; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity, or any other cause) causes a covered loss under this endorsement.

**Limb** - means entire arm or entire leg.

[**Medically Necessary Emergency Evacuation Service** - means any **Transportation**, medical treatment, medical service or medical supply that: (1) is an essential part of an **Emergency Evacuation** due to the **Injury** or **Emergency Sickness** for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) either is ordered by a **Physician** and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance transporting the **Covered Person**.]

**Paraplegia** - means the complete and irreversible paralysis of both lower **Limbs**.

**Passenger** - means for this endorsement the words as defined within the **Aircraft** Insurance Policy to which this endorsement is attached.

**Physician** - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: (1) the **Covered Person**; (2) an **Immediate Family Member**; or (3) retained by the **Named Insured**.

**Policy Period** - means the inception and ending dates as shown in Item 2. of the Aircraft Insurance Policy to which this endorsement is attached.

**Policy Territory** - means for this endorsement the words as defined within the Aircraft Insurance Policy to which this endorsement is attached.

**Quadriplegia** - means the complete and irreversible paralysis of both upper and both lower **Limbs**.

**Schedule** - means the AD&D Insurance Declarations section of this endorsement.

[**Transportation** - means moving the **Covered Person** during an **Emergency Evacuation** by a land, water or air conveyance. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.]

#### E. ACCIDENT INSURANCE CLAIMS PROVISIONS

**Notice of Claim.** Written notice of a claim for benefits must be given to the Company within twenty (20) days after a **Covered Person's** loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company with information sufficient to identify the **Covered Person**, is deemed notice to the Company.

**Claim Forms.** The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within fifteen (15) days after the giving of notice of a claim, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed herein for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the **Covered Person's** name, the **Named Insured's** name and the Policy number.

**Proof of Loss.** Written proof of loss must be furnished to the Company within ninety (90) days after the date of the loss. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one (1) year from the time proof is otherwise required.

**Payment of Claims.** Upon receipt of due written proof of death, payment for loss of life of a **Covered Person** will be made, in equal shares, to the survivors in the first surviving class of those that follows: the **Covered Person's** (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the **Covered Person's** estate.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the **Covered Person** suffering the loss. If a **Covered Person** dies before all payments due have been made, the amount still payable will be paid as described above for loss of life.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at our option, to any relative by blood or connection by marriage of the payee, who, in our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges our liability to the extent of the payment made.

**Time of Payment of Claims.** Benefits payable will be paid as soon as possible upon our receipt of a fully completed and properly executed written proof of the loss.

**Physical Examination and Autopsy.** The Company, at its own expense, has the right and opportunity to examine the person of any individual whose loss is the basis of claim hereunder when and as often as the Company may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

#### F. ACCIDENT INSURANCE ADDITIONAL PROVISIONS

**Covered Person's Effective Date.** A **Covered Person's** coverage under this endorsement begins on the latest of: (1) the effective date of this endorsement; or (2) the date the person becomes a member of an eligible class of persons as described in the **Classification of Eligible Persons** section of the **Schedule**.

**Covered Person Termination Date.** A **Covered Person's** coverage under this endorsement ends on the earliest of: (1) the date the Policy is terminated; (2) the date this endorsement is terminated; or (3) the date the **Covered Person** ceases to be a member of any eligible class of persons as described in the **Classification of Eligible Persons** section of the **Schedule**.

Termination of coverage will not affect a claim for a covered loss that occurred while the **Covered Person's** coverage under this endorsement was in force.

All other provisions of this policy remain the same.

This endorsement becomes effective \_\_\_\_\_ to be attached to and hereby made a part of Policy No. \_\_\_\_\_ issued to \_\_\_\_\_

By \_\_\_\_\_

Endorsement No. \_\_\_\_\_

Date of Issue \_\_\_\_\_



<i>SERFF Tracking Number:</i>	<i>AGNY-125694218</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-AV-04</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
<i>Product Name:</i>	<i>Light Aviation Division (LAD) Program 0347-0625-0032</i>		
<i>Project Name/Number:</i>	<i>Light Aviation Division (LAD) Program/AIC-08-AV-04</i>		

## Rate Information

Rate data does NOT apply to filing.



SERFF Tracking Number:	AGNY-125694218	State:	Arkansas
First Filing Company:	American Home Assurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	AIC-08-AV-04		
TOI:	22.0 Aircraft	Sub-TOI:	22.0000 Aircraft
Product Name:	Light Aviation Division (LAD) Program 0347-0625-0032		
Project Name/Number:	Light Aviation Division (LAD) Program/AIC-08-AV-04		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	06/26/2008
-------------------------	--	-----------------------	----------	------------

### Comments:

### Attachment:

P&C Transmittal Document - AR.pdf

## Property &amp; Casualty Transmittal Document

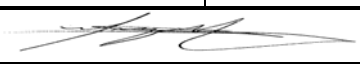
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #
American Home Assurance Company	NY	012-19380	13-5124990
American International South Insurance Company	PA	012-40258	02-6008643
Commerce and Industry Insurance Company	NY	012-19410	13-1938623
Granite State Insurance Company	PA	012-23809	02-0140690
National Union Fire Insurance Company of Pittsburgh, Pa.	PA	012-19445	25-0687550
New Hampshire Insurance Company	PA	012-23841	02-0172170
The Insurance Company of the State of Pennsylvania	PA	012-19429	13-5540698

<b>5. Company Tracking Number</b>	AIC-08-AV-04
-----------------------------------	--------------

## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Monique Myers	Filing Analyst	(212) 458-6346	(212)458-7077	<a href="mailto:Monique.Myers@aig.com">Monique.Myers@aig.com</a>
175 Water Street, 17 <sup>th</sup> Floor New York, NY 10038				
7. Signature of authorized filer				
8. Please print name of authorized filer		Monique Myers		

## Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	22.0 Aircraft
10. Sub-Type of Insurance (Sub-TOI)	22.0000 Aircraft
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Gold Medallion Comprehensive Business Aircraft Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: July 28, 2008   Renewal: July 28, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	June 25, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

20.	This filing transmittal is part of Company Tracking #	AIC-08-AV-04
-----	---	--------------

<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

The referenced companies (the “Companies”) have on file with your Department their Light Aviation Division Program (AIC-05-AV-04). The Companies submit, for your review and approval, the captioned endorsement to be used with this program.

This endorsement replaces the Aviation Accidental Death and Dismemberment Insurance Endorsement, Form No. LAD864 (1/05), presently on file with your Department. A black line of LAD 864 (1/05) indicating the changes made is attached for your reference.

[illegible]

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		AIC-08-AV-04		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Aviation Accident Insurance Endorsement	LAD1065 (4/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	LAD864 (1/05)	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1